

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P15898

1. Entity Name

T.S.S.O., INC.

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90066 047 ***158.75

Principal Place of Business

Mailing Address

5555 OAK BROOK PKWY
 SUITE 355
 NORCROSS GA 30093
 US

5555 OAK BROOK PKWY
 SUITE 355
 NORCROSS GR 30093-6203
 US

2. Principal Place of Business

3. Mailing Address

5300 OAKBROOK PKWY
 Suite, Apt. #, etc.
 SUITE 135

5300 OAKBROOK PKWY
 Suite, Apt. #, etc.
 SUITE 135

City & State
 NORCROSS, GA
 Zip
 30093
 Country
 USA

City & State
 NORCROSS, GA
 Zip
 30093
 Country
 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 58-1743233

Applied For
 Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORP SYSTEMS
 1200 S PINE ISLAND RD
 PLANTATION FL 33324

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	SEDOWICZ, LOIS	
STREET ADDRESS	5555 OAKBROOK PKWY 355	
CITY-ST-ZIP	NORCROSS GA 30093	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SEDOWICZ, LISA	
STREET ADDRESS	5555 OAKBROOK PKWY 355	
CITY-ST-ZIP	NORCROSS GA 30093	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEDOWICZ, LOIS Worlock, Lois	
STREET ADDRESS	5300 OAKBROOK PKWY, 135	
CITY-ST-ZIP	NORCROSS, GA 30093	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON S. LISA	
STREET ADDRESS	5300 OAKBROOK PKWY 135	
CITY-ST-ZIP	NORCROSS, GA 30093	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lois Worlock
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/00 770 925-2230
 Date Daytime Phone #

CR2E034 (9/99)